**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Migrant Resource Centre Services |
| Service address: | KGV Sports & Community Centre, Level 2, 1A Anfield Street GLENORCHY TAS 7010 |
| Commission ID: | 300314 |
| Home Service Provider: | Migrant Resource Centre (Southern Tas) Inc |
| Activity type: | Quality Audit |
| Activity date: | 27 March 2023 to 29 March 2023 |
| Performance report date: | 1 May 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Migrant Resource Centre Services (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Services included in this assessment

**Home Care:**

* Migrant Resource Centre Community Aged Care Packages, 17175, KGV Sports & Community Centre, Level 2, 1A Anfield Street, GLENORCHY TAS 7010

**CHSP:**

* Allied Health and Therapy Services, 4-7XC84GT, KGV Sports & Community Centre, Level 2, 1A Anfield Street, GLENORCHY TAS 7010
* Social Support - Group, 4-7XC84NQ, KGV Sports & Community Centre, Level 2, 1A Anfield Street, GLENORCHY TAS 7010
* Social Support - Individual, 4-7XC84QR, KGV Sports & Community Centre, Level 2, 1A Anfield Street, GLENORCHY TAS 7010
* Specialised Support Services, 4-7XC84TI, KGV Sports & Community Centre, Level 2, 1A Anfield Street, GLENORCHY TAS 7010
* Meals, 4-7XC850F, KGV Sports & Community Centre, Level 2, 1A Anfield Street, GLENORCHY TAS 7010

# Material relied on

The following information has been considered in preparing the performance report:

* The assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the assessment team’s report received 18 April 2023.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

|  |  |  |  |
| --- | --- | --- | --- |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | **Non-compliant** | **Non-compliant** |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | **Non-compliant** | **Non-compliant** |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | **Non-compliant** | **Non-compliant** |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and   optimises their health and well-being. | **Non-compliant** | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Non-compliant** | **Not applicable** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Non-compliant** | **Not applicable** |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | **Non-compliant** | **Not applicable** |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | **Non-compliant** | **Not applicable** |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | **Non-compliant** | **Not applicable** |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | **Non-compliant** | **Non-compliant** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Non-compliant** | **Non-compliant** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Non-compliant** | **Non-compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Non-compliant** | **Non-compliant** |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | **Non-compliant** | **Non-compliant** |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | **Non-compliant** | **Non-compliant** |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | **Non-compliant** | **Non-compliant** |

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | **Compliant** | **Compliant** |
| Requirement 1(3)(b) | Care and services are culturally safe | **Compliant** | **Compliant** |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | **Compliant** | **Compliant** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Compliant** | **Compliant** |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | **Compliant** | **Compliant** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Compliant** | **Compliant** |

Findings

The service was able to demonstrate that each consumer is treated with dignity and respect, with their identity, culture and diversity valued. All consumers or representatives interviewed stated that they were always treated with dignity and respect whilst receiving care and services. Staff interviewed demonstrated a strong understanding of what is expected under this requirement. One staff member spoke of the service’s commitment to treating everybody with respect and that this message was conveyed by the service to all staff regularly. Management interviewed advised that their entire business is built of valuing and respecting culture and diversity. They advised that all staff undertake mandatory training in diversity which includes information on cultural diversity, LGBTI and other diversity groups.

Consumers and representatives interviewed from a multicultural background stated that the service understand and respect their culture and provide services that are culturally safe. During interviews a staff member advised that their interview with the service before commencing and their induction had a strong focus on cultural awareness and respect for different cultural backgrounds. Assessment/re-assessment forms reviewed gather information regarding consumers cultural backgrounds, spiritual and religious needs, whether interpreters are required.

The service was able to demonstrate that each consumer is supported to exercise choice and independence Consumers and representatives interviewed advised that they were supported to make decisions regarding their own care and services, the involvement of families in their care, were able to communicate their wishes with the service and make social connections and maintain relationships. A staff member interviewed advised that consumer choice is based on information regarding consumer preferences gathered at assessment/re-assesment. They stated that consumers or their representatives would often contact the service to advise that they wished to change their scheduled services because family was supporting them at that time. Care plans sampled showed that consumer goals and preferences are recorded for each aspect of care.

The service was able to demonstrate that consumers are supported to take risks to enable them to live the best life they can. Consumers and representatives interviewed spoke of activities undertaken with the support of the service that they would otherwise not be able to do. A staff member interviewed spoke about the service’s procedures for consumer risks. They stated that risks are identified at the time of initial assessment or re-assessment. Discussions then take place with the consumer and/or their representatives to put in place plans to mitigate risks to enable the consumer to continue to live the best life they can.

The service was able to demonstrate that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand. Consumers and representatives interviewed advised that they receive all communication from the service in a timely manner in a way they can understand. Management provided the assessment team with a copy of their client handbook which is given to consumers when entering the service. This publication contains details about the service themselves, their responsibilities to consumers as an organisation and under government legislation, the rights of consumers, information around different packages and how they work, details on how to contact the service with any concerns/feedback, information on advocacy groups and translation options among other information. A review of a sample of CHSP and HCP statements and invoices found them to be clear and easy to read. They contain itemised service details and provide the consumer with sufficient information around the cost of services and the balance of their funds.

The service’s client database is electronic and only accessible by staff that require access to perform their roles. Care plans sampled include a privacy section where consumers provide written consent to share their details when required. Contracts with brokered service agents sampled contain a clause in relation to consumer confidentiality that dictates that the contracted agent must not disclose any consumer information to any third party without the written consent of the service or the consumer.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | **Non-compliant** | **Non-compliant** |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | **Non-compliant** | **Non-compliant** |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | **Compliant** | **Compliant** |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | **Compliant** | **Compliant** |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | **Non-compliant** | **Non-compliant** |

Findings

Compliant Evidence

The service was able to demonstrate that assessment and planning is based on on-going partnership with the consumer and others they wish to involve, including other organisations and providers of care and services. Consumer representatives expressed satisfaction with the delivery of consumer personal and clinical care. The Assessment Team reviewed consumer files and identified references to assessment and care planning is undertaken in consultation with the consumer and representative, if required. Staff demonstrated a good understanding of the need to liaise with relevant parties including consumers, representatives and external services, as required.

The service was able to demonstrate the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan, which is readily available to relevant parties. Consumer representatives expressed satisfaction with the provision of consumer care plans. The Assessment Team reviewed consumer files and identified, via consumer case notes, that the service contacts consumers and/or representatives on a routine basis. In addition, the service care plan has a section that includes information regarding undertaking care planning, in conjunction with relevant parties, agreement for information to be shared, and the offering/receipt of a copy of the care plan.

Non-compliant Evidence

The service was unable to demonstrate assessment and planning, including the consideration of risks, informs the delivery of safe and effective consumer care and services. While consumer representatives expressed satisfaction with the provision of care and services, the service does not have systems, processes and procedures to effectively manage consumer assessment and care planning, in particular the consideration of risks. While the service has client registration, assessment/reassessment and care planning documentation not all domains are populated with information sufficient to support consumer care and services. While the service has a consumer risk domain in the client registration form, assessment/reassessment form, and care plans, they are not routinely populated and where they are populated, for example falls risk, they lack sufficient detail to identify on-going consumer needs and support.

In addition, consumer risks, when identified, for example falls and mobility, have not been assessed by the service. The service does not have a suite of assessment tools to support the assessment of consumer risk. The service does not have qualified staff, or subcontracted providers, to conduct risk assessments and therefore identify on-going support for individual consumer care and services. The service does not have established procedures to guide staff in assessment and planning of consumers’ care and services, including in relation to risks.

The service was unable to demonstrate assessment and planning identifies and addresses consumer current needs, goals and preferences. While consumer representatives said they are satisfied consumer needs and preferences are met, the service does not have systems, processes and procedures to identify them. While the service has a goal’s section contained within consumer documentation, they are in the main generic in nature and do not reflect individual consumer needs and preferences. The service does not have policies or procedures to guide staff in the collection and documentation of consumer needs, goals and preferences.

The service was unable to demonstrate that consumer care and services are reviewed regularly for effectiveness and when circumstances change. Consumer representatives said they thought staff would recognise a change in the consumer, although they were either unaware of or had not participated in a review or re-assessment of consumer needs, goals and preferences. For example:

* Consumer A HCP L2 representative said Consumer A has been in and out of hospital. Consumer A’s health has deteriorated. Consumer A experiences pain; and was unable to identify if and when Consumer A was last assessed.
* In March 2023 Consumer A’s notes reflect a request for a review after returning from hospital, as Consumer A ‘was in pain'. Consumer A’s notes do not reflect reason for hospitalisation or the location of Consumer A’s pain. While Consumer A’s care plan states a re-assessment needs to be undertaken, no re-assessment has occurred.
* Consumer A has not participated in a clinical re-assessment. Consumer A was not referred for allied health assessment, post hospitalisation.
* As a result of Consumer A not participating in a clinical assessment, the service was unable to determine if Consumer A was eligible for referral for a higher level of Home Care Package (HCP).
* Consumer A has been allocated additional meal preparation and domestic assistance. Consumer A’s care plan was last updated in December 2022, although it does not reflect the changes in Consumer A’s meal preparation and domestic assistance support and services.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | **Non-compliant** | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Non-compliant** | **Not applicable** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Non-compliant** | **Not applicable** |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | **Non-compliant** | **Not applicable** |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | **Non-compliant** | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** | **Not applicable** |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | **Non-compliant** | **Not applicable** |

Findings

Compliant Evidence

The service was able to demonstrate it has processes and procedures to undertake timely and appropriate referrals to individuals and other organisations responsible for consumer care and services. The Assessment Team reviewed consumer files and identified consumer referrals, where identified, are undertaken in a timely manner. Care planning documents demonstrated consultation and referrals to other service providers, such as occupational and physiotherapy, and podiatry. The service has engaged an extensive range of brokered services including allied health, personal care and transport. Each brokered service has a current contract. Staff and management confirmed that where a need is identified, the service refers consumers to other organisations and services, including medical practitioners.

Non-compliant Evidence

The service was unable to demonstrate that each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. While consumer representatives expressed satisfaction with the delivery of consumer personal and clinical care the service was unable to demonstrate it has systems, processes and procedures to support safe and effective consumer personal and clinical care.

The Assessment Team reviewed consumer files and identified the following: Consumer C (HCP L4) experienced shingles. Consumer C’s notes reflect office staff knowledge of this condition and instructions for support staff to wear personal protective equipment. While a medical appointment was made for Consumer C, there was no further action undertaken by the service to determine Consumer C’s condition or the need for additional care and services.

The service was unable to demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer. While consumer representatives expressed satisfaction with the service approach to addressing risks, the service was unable to demonstrate it has processes and procedures to support the effective management of high-impact or high-prevalence risks associated with the care of each consumer. The service does not have systems, processes and procedures to support consumers, when a risk has been identified. The service does not collect consumer risk related data and statistics and is therefore unable to maintain oversight of incidents and events impacting on consumers. While the service has an incident register it is reviewed centrally by senior management and therefore service was unable to demonstrate post incident reviews with consumers regarding their care and service needs and preferences has occurred. The service review policy does not include guidelines for staff to undertake in the event of a consumer incident or event.

The service was unable to demonstrate the needs, goals and preferences for consumers nearing end of life are recognised and addressed to maximise their comfort and dignity. The brokered service contract does not reflect information regarding their role and responsibility in reporting outcomes of a consumer assessment; or undertaking recommendations for consumer additional care and/or services. The service policy does not reflect brokered service providers reporting responsibilities or the actions to be taken by staff.

The service was unable to demonstrate that deterioration or changes in consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. While consumer representatives expressed satisfaction with the service response to consumer changes, the service does not have systems, processes or procedures to identify and respond to deterioration in consumer’s function, capacity or condition. The service was unable to demonstrate on-going review of consumers to determine deterioration and/or changes in their care and service needs and preferences. The service policy does not provide guidelines to staff on what circumstances prompt a re-assessment, for example post hospitalisation.

The service was unable to demonstrate information about the consumer’s condition, needs and preferences is documented and communicated within the organisation and with others where responsibility for care is shared.

While consumer representatives said they are aware of a care plan and staff requirement to document their visits with consumers, the service was unable to demonstrate it has systems, processes and procedures to support documentation and communication within the organisation and with others where care is shared.

The service has a consent to share consumer information form, which is routinely completed by consumers or representatives. Management said while they attempt to obtain consumer information from medical practitioners, they struggle to do so. The brokered service contract does not reflect their role and responsibility in reporting outcomes and recommendations of a consumer assessment, or the need to report the status of a consumers care and treatment, on an on-going basis. The service policy does not reflect brokered service providers reporting responsibilities or the actions to be taken by staff, in the event of changes to treatment and/or additional care and service recommendations for a consumer.

The service was unable to demonstrate practices to promote appropriate anti-biotic monitoring to reduce the risks of increasing consumer resistance to antibiotics. The service does not have processes and procedures to promote appropriate antibiotic prescribing to support optimal care and reduce the risk of increasing resistance to antibiotics. The service does not have policies or information to guide staff in undertaking oversight of consumer anti-biotic prescribing.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | **Non-compliant** | **Non-compliant** |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | **Compliant** | **Compliant** |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | **Compliant** | **Compliant** |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | **Compliant** | **Compliant** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** | **Compliant** |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | **Compliant** | **Compliant** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Compliant** | **Compliant** |

Findings

Compliant Evidence

The service was able to demonstrate it has processes and procedures to ensure services and supports for daily living promote consumers emotional, spiritual and psychological well-being. Consumer representatives said they are satisfied that consumers are supported emotionally and spiritually. The service has access to a range of mental health support services, including war trauma and torture support. The service has provision in consumer documentation to gather and record consumer spirituality, should they wish to divulge this. Transport and additional staff support to attend spiritual and cultural related services is available for HCP consumers.

The service was able to demonstrate it has processes and procedures to ensure services and supports for daily living assist each consumer to participate in the community, have social and personal relationships and do things of interest to them. Consumer representatives said they are satisfied consumers are able to participate in the wider community and are supported to do so. Management said and documentation confirmed the service engages with the wider community and regularly hosts community-based events, in celebration of consumers culture and spirituality. In addition, the service recognises and celebrates Seniors Week and has hosted Welcome to Country events. Staff demonstrated an understanding of the need for consumers to have social and personal relationships and continue to do the things of interest to them. Staff went on to say there is an additional range of activities, that are available to consumers through the broader Migrant Resource Centre community program.

The service was able to demonstrate it has processes and procedures to ensure information about the consumers condition, needs and preferences is communicated within the organisation and with others where responsibility of care is shared. Consumer representatives said they are satisfied with the depth and breadth of communication provided by the service. Staff demonstrated an understanding of the need to communicate and document consumer needs and preferences within and external to the service, where required.

The service was able to demonstrate it has processes and procedures to ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumer representatives said they are satisfied with the support consumers receive. Management said referrals occur as needed and demonstrated an understanding of entering consumers additional needs into the My Aged Care (MAC) portal, where required. The service retains a list of preferred providers, which is also available to consumers and their representatives. Staff were able to describe the process for referral, should it be required. Staff demonstrated a good understanding of the other services available to consumers.

The service was able to demonstrate it has processes and procedures to ensure meals are varied and of suitable quality and quantity. All proposed luncheon meal outings and events are reviewed with consumers, and their cultural needs and preferences are discussed and accommodated. Consumer representatives expressed a high level of satisfaction with the variety, quality and quantity of the meals consumed on outings. The service operates an external meal outing program. Consumers are transported via bus to either the German, Chinese or Italian community clubs. Consumers can choose to attend any one of the three times weekly luncheon events.

The service was able to demonstrate it has processes and procedures to ensure equipment is safe, suitable and well-maintained. Consumer representatives said they are satisfied consumers have sufficient, well-maintained equipment.

A review of consumer files identified the service provision of a range of consumer equipment including a mobility scooter, comfort bed, a four-wheel walker. The service has access to an external mobility equipment maintenance provider, should it be required. Staff said and the Assessment Team observed the service has sufficient, well maintained activity equipment to support consumer needs and preferences.

Non-compliant Evidence

The service was unable to demonstrate it has processes and procedures to ensure consumers get safe and effective care and services and supports for daily living that meet their needs, goals and preferences to optimise their independence, health, well-being and quality of life.

While consumer representatives said they are satisfied consumers are engaged, and enjoy attending the activities, the service was unable to demonstrate individual consumer needs, goals and preferences are sought to optimise their independence, health, well-being and quality of life.

The Assessment Team reviewed consumer files and identified Consumer C (HCP L4) participates in group social support and attends luncheon events at multicultural day centres and restaurants, external to the service. The service has not collected Consumer C’s needs, goals and preferences to support Consumer C’s attendance at the group social activities.

Consumer D CHSP participates in group social support and attends luncheon events at multicultural day centres and restaurants, external to the service. Consumer D’s assessment refers to his food allergies being peanuts and vinegar, although this is not reflected in his care plan. In addition, Consumer D’s assessment refers to his inability to see, although this information has not been transposed into Consumer D’s care plan.

The Assessment Team noted the running sheets do not contain the date/s they were generated. Information collected from consumer participation in their assessment/care planning is not routinely transposed to the running sheet, including consumer risks such as mobility, sight and food related matters.

While the service has a client entry form, assessment/re-assessment and care plan documents, the service does not collect and therefore deliver individual consumer needs and preferences regarding activities of interest to them.

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | **Compliant** | **Compliant** |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | **Compliant** | **Compliant** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Compliant** | **Compliant** |

Findings

The service was able to demonstrate it has processes and procedures to ensure the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Consumer representatives provided positive feedback regarding the service day centre environment. The Assessment Team observed the service day centre easy to access and navigate. The day centre was observed to be welcoming and offers generous communal space to optimise consumer engagement and interaction.

The service was able to demonstrate the service environment is safe, clean, well maintained and comfortable. The service environment enables consumers to move freely, both indoors and outdoors. Consumer representatives said they are satisfied the service environment is clean, comfortable and enables freedom of movement. Staff said the environment is always kept clean, well maintained and comfortable and explained the process of notifying the centre management when maintenance or comfort issues are identified, which are attended to in a timely manner. The Assessment Team observed operating exit lights, fire extinguishers with correctly dated tags, and general lighting and heating and cooling systems to be in good order.

The service was able to demonstrate it has processes and procedures to ensure furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. Consumer representatives said they are satisfied the furniture and equipment are clean and suitable for consumer use. Staff said they are satisfied the furniture, fittings and equipment are clean, fit for purpose and the maintenance system operates effectively. The Assessment Team observed the furniture, fixtures and fittings to be safe, clean, well maintained and suitable for consumers.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | **Compliant** | **Compliant** |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | **Compliant** | **Compliant** |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | **Compliant** | **Compliant** |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | **Compliant** | **Compliant** |

Findings

The service was able to demonstrate it is actively encouraging and supporting consumers and their representatives to provide feedback and make complaints. Consumers and their representatives stated that the service provides opportunity and avenues are clear to make complaints and provide feedback. The assessment team reviewed a copy of the client handbook which is given to each new consumer and this details all avenues to provide feedback to the service. The assessment team also reviewed annual surveys undertaken by the service. The latest survey, undertaken in 2022, had a 68% response rate from the service’s consumer base.

The service was able to demonstrate that it is providing consumers with information to enable them to access advocates and language services to assist with raising and resolving complaints. Consumers and representatives interviewed stated that advocacy and language service options are provided by the service to assist with providing feedback. A review of the service’s client handbook showed that information and contact details relating to feedback to the service, Advocacy Tasmania, the Aged Care Quality and Safety Commission, The Ombudsman and the Department of Health and Human Services.

The service was able to demonstrate that appropriate action is taken in relation to feedback and complaints and open disclosure is practised. Consumers and representatives interviewed advised their satisfaction with the service’s complaint mechanisms and outcomes in relation to complaints made. The service was able to demonstrate that they maintain a complaint and feedback register that successfully tracks and manages feedback from consumers. Staff and management interviewed were able to display their knowledge of open disclosure practices and the service has a comprehensive client feedback policy and procedure document that details the service’s processes and shows a full understanding of open disclosure processes. This document is included in staff induction processes.

The service was able to demonstrate that client feedback and complaints are reviewed and used to improve the quality of care and services. Management advised that the complaints and feedback register is regularly reviewed by staff and is shared via the Aged Care Manager with the CEO where the manager identifies that escalation is warranted. Management advised that the complaints and feedback register is regularly reviewed by staff and is shared via the Aged Care Manager with the CEO where the manager identifies that escalation is warranted. The CEO then determines if the feedback and complaints warrant a review of services and take this information to the Board of Directors to discuss. A review of board meeting minutes show that complaints and feedback are presented in this forum and that the board of directors are able to review these and advise they are satisfied with outcomes or provide recommendations to the CEO and management team about handling strategies or where improvements opportunities are identified.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | **Compliant** | **Compliant** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Compliant** | **Compliant** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Non-compliant** | **Non-compliant** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Non-compliant** | **Non-compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Non-compliant** | **Non-compliant** |

Findings

Compliant Evidence

The service was able to demonstrate that their workforce is planned to ensure safe and quality care and services. Consumers and representatives interviewed stated that their care needs were being met by staff and that the service considered their specific needs when providing care workers. Management interviewed spoke about the extensive planning that goes into ensuring the right number and mix of workers for their consumer group. As a predominantly multi-cultural consumer group, the service’s recruitment policies ensure where possible that consumer’s cultural and language needs are being met in the employment of staff. The service engages a large number of brokered services to ensure that all consumer service needs are covered where the service themselves do not have staff that possess the skills and/or qualifications required to provide care. All staff members employed by the service and by agencies providing brokered services must undergo compulsory police checks or provide statutory declarations stating any previous criminal offence or criminal record, where a police check has not yet been undertaken or the staff member has been a resident of another country.

The service was able to demonstrate that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers and representatives interviewed all spoke very highly of staff providing their care and services and that interactions were always kind, caring and respectful. Management interviewed advised that their volunteer screening and staff employment processes includes questions specific to kind and respectful care and this enabled them to be confident that new staff members or volunteers were suitable for their roles.

Non-compliant Evidence

The service was unable to demonstrate satisfactorily that members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and representatives interviewed were satisfied that the workforce is competent and effectively perform their roles. However, a lack of oversight of staff providing services under brokered service arrangements and insufficient performance review processes for the volunteer workforce means the service cannot be certain that the workforce is competently and effectively performing their roles to the level required under these standards.

The service does not have processes and procedures to ensure staff are trained and equipped to deliver the outcomes required by these standards. For example:

* Management advised that mandatory training for staff and volunteers includes cultural awareness and children awareness training only.
* No mandatory training is currently provided in elder abuse, aged care code of conduct, aged care quality standards, feedback and complaints, incident management or serious incident reporting.
* Staff undertake information sessions regarding aged care specific matters informally in team meetings, but this is not then recorded consistently in staff or organisation training records.
* Contracts with brokered services agents require that staff providing services are suitably trained and competent to undertake the services, but the service does not have any oversight of the recruitment, training or performance requirements of brokered service agents and cannot therefore be certain that services are being provided to the level required under these standards.
* The service does not maintain a training schedule or training matrix to ensure that all staff maintain their training requirements. The service keeps a spreadsheet of staff training completed but acknowledged that this has not been kept sufficiently up to date.

The service does not have sufficient processes and procedures for the regular assessment, monitoring and review of each member of the workforce. Management advised that all staff members employed by them have current and up to date performance reviews, however volunteers at the service are not subject to routine performance reviews. Whilst the service has facilities in place such as consumer surveys and a suitable feedback and complaints system to gather data on staff performance, it cannot be certain that all of its workforce is satisfactorily performing their roles in line with these standards.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | **Compliant** | **Compliant** |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | **Compliant** | **Compliant** |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | **Non-compliant** | **Non-compliant** |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | **Non-compliant** | **Non-compliant** |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | **Non-compliant** | **Non-compliant** |

Findings

Compliant Evidence

The service was able to demonstrate it has processes and procedures to support the engagement of consumers and representatives in the development, delivery and evaluation of services. Consumers and representatives interviewed spoke of their involvement in annual surveys undertaken by the service and also having input into decisions determining social activities run by the service. Management interviewed spoke of using consumer feedback to shape and inform services. Feedback is evaluated and shared with the board of directors who in turn consider this information for future planning. A review of board meeting minutes confirmed that feedback is considered in this forum. The service maintains and utilises a detailed Continuous Improvement plan which drives change and growth in the delivery of care and services.

The service was able to demonstrate that the governing body promotes a culture of safe, inclusive and quality care and is accountable for its service. Management interviewed spoke of the board of directors’ oversight of the delivery of care and services. The service’s CEO provides regular reports to the board detailing points of note for consideration regarding the care services provided to consumers. Regular board meetings are held where the CEO report is discussed, and items are considered for action/endorsement. The assessment team reviewed the minutes of board meetings and determined that the service’s board of directors considers and evaluates the ongoing delivery of services and provides recommendations to management of the service for delivery.

The service was able to demonstrate that it has effective organisation wide governance systems in relation to:

*Information Management:*

ICT systems overseeing the operation of HCP and CHSP services are fit for purpose. Each consumer has their own electronic file which holds their care plans, assessment/re-assessments, progress notes and additional information relevant to their care and services. The client database is only accessible by staff that require access to oversee the care of consumers.

*Continuous Improvement:*

The service maintains a continuous improvement plan which is based on feedback to the service, changes in industry requirements and focuses on requirements under these standards

*Financial Governance:*

The service has demonstrated that their financial governance in relation to HCP and CHSP services is practical and effective. Management of consumer and service funds for the delivery of services is overseen by the board of directors. Significant overspends and underspends for individual consumers are regularly reviewed and are managed between the CEO and the Aged Care management team.

*Feedback and complaints:*

The service maintains a suitable feedback and complaints register and provides sufficient oversight to senior management and the board in relation to feedback and complaints.

Non-compliant Evidence

The service was unable to demonstrate that it has effective organisation wide governance systems in relation to:

*Workforce Governance:*

Contracts are in place with all brokered services that outline expectations of agency staff but there is no oversight of the performance or training undertaken by agency staff. Volunteers at the service are not subject to performance reviews. Mandatory training is limited for all staff and volunteers and does not include formal training in elder abuse, aged care code of conduct, aged care quality standards, feedback and complaints, incident management or serious incident reporting.

*Regulatory Compliance:*

The service has had no adverse findings from a regulatory body in the last 12 months. The service has not satisfactorily implemented systems, processes, procedures in relation to the Aged Care Code of conduct, SIRs and Aged Care Quality and Safety Standards. Staff and volunteers were unable to demonstrate an understanding of the Aged Care Code of conduct, SIRs and Aged Care Quality and Safety Standards and confirmed they had not participated in formal training for the same. – *End of Regulatory Compliance Heading.*

The service does not have effective risk management systems and practices in relation to managing consumer risk. An incident register is maintained by the service, but they were unable to demonstrate that this triggers reviews of consumer care plans or follow up on consumer wellbeing. Management advised that they were not aware of any incidents of abuse or neglect occurring within their service. Staff and volunteers are not being trained on incident management, consumer risk, abuse and neglect or serious incident reporting. The service does not collate consumer incident data and is therefore unable to maintain oversight of high prevalence risks or incidents and events impacting on consumers.

Management advised that the service does not currently have a clinical governance framework but are in the process of establishing one. A working group has been formed, and terms of reference drawn up, to oversee the establishment of the framework. The working group will include the newly appointed clinical board member, the service’s CEO and appropriate management and staff. The service has a basic infection control policy, but this does currently not drive procedures at the point of service in this space. The service does not have policies and procedures in regard to minimising the use of restraint. An open disclosure policy is currently present and being practised in regards to feedback and complaints.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)